



PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number 9/575,163

CLAIMS AS FILED - PART I							ENTITY	•	OTHER		
	. D		olumn 1)	(Colu					OR	SMALL	
FOR		NUMBE	MBER FILED NUMBER E		-XTHA	R	ATE	FEE		RATE	FEE
ВА	SIC FEE							345.00	OR	×	690.00
TOTAL CLAIMS		19. 21	y minus 2	20= *)= *		\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS 0	minus :	3 = *		X	(39=		OR	X78=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT		φ	+	130=	130	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TO	OTAL	475	OR	TOTAL	
CLAIMS AS AMENDED - PART II						SM	Ман н	ENTITY	OR	OTHER SMALL	
	·	(Column 1) CLAIMS	<u> </u>	(Column 2) HIGHEST	(Column 3)) i		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT	*	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=	х	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	X	(39=		OR	X78=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM			100			+260=	
	·						130= TOTAL		OR	TOTAL	
				~	•		IT. FEE.		OR	ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B	* * *	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	Х	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X	39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				-		-	 			
			٠				130=		OR	+260=	
							TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
ŀ		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 1	Minus	**	= .	х	\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					^	.03-		OR	7/0-	
	If the enter in select	mn 1 is less than t		ımn 2, write "0" in co	dump 3		130=		OR	+260=	
**	If the "Highest Nu If the "Highest Nu	mber Previously P	aid For" IN THI aid For" IN THI	S SPACE is less that S SPACE is less that	an 20, enter "20." an 3, enter "3."	" ADD	TOTAL IT. FEE	propriate bo		TOTAL ADDIT. FEE	<u> </u>

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

		10.21166	C316813110	u		
	Fee Cade	Total # Claims	Number Extra X	Fee	Fee -	Total
,	Sm./Lg.			Sm Entity	Lg Entiry	_
Bule Filing Fee	201/101			345	-	345
Total Claims >20	200 (6)	20 .: 20 -	N		·	- (
Independent Claums (-)	202.102	<u> 2</u> :-	X			
Multi-Orași Claim Present	304 104			130		130
Surcharge	203/103					
English Translation	110					
TOTAL FEE CALCULAT	TION					475
Fees due upon filing th	e application				, "	green of
Total Filing Fees Due =	S	475	(10)		i rees. T	_
Less Filing Fees Submit	med - S	343	5.10		4	80.00 assignments
BALANCE DUE	= 5	13	0. 10			assignments
. () ht					

Office of Initial Patent Examination

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)